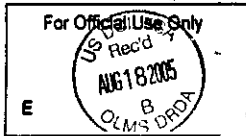


FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U- 9750 9750	2 Fiscal Year Covered From 01 / 01 / 2004 Through 12 / 31 / 2004
3 Name and address of person filing Name Samuel MacLies Jr. P.O. Box, Bldg., Room No., if any Street 4635 Rosalia Drive City New Orleans State Louisiana ZIP Code + 4 70127	4 Name, file number, and address of labor organization Name Amalgamated Transit Union 1535 Labor Organization File Number 537384 P.O. Box, Building and Room Number, if any Street 4635 Rosalia Drive City New Orleans State Louisiana ZIP Code + 4 70127
5 Position in labor organization Financial Secretary of Local Union	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name, if any) Name Trade Name, if any P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7 a. Nature of Interest, Transaction, or Income 7 b. Amount

Signature

15 Signature and verification The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions)	
Signed Samuel MacLies Jr.	On 8-12-05 504-240-3341 Date Telephone Number

Name of Person Filing

Samuel MacLies Jr

File Number U-

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name, if any)

Name

Trade Name, if any

P O Box, Bldg, Room No, if any

Street

City

State

ZIP Code + 4

9 Business deals with

a Labor Organization

b Trust ☒

c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name Eagle Capital Management, LLC

Trade Name, if any

P O Box, Bldg, Room No, if any

Street 3330 W. Esplanade Ave.

City Metairie

State Louisiana

ZIP Code + 4 70002

11 a Nature of such dealing

Eagle Capital Management LLC is the money manager of the Union's pension Trust Fund. Samuel MacLies Jr is one of the Trustees of the Fund.

11 b Approximate dollar value of such dealing

0

12 a Nature of interest held or income received

Received Two tickets, From Eagle Capital Management for Dinner Buffet, Cocktails and show at the Harrah's theatre. 11-30-2004

12 b Amount

84.00

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name

Trade Name, if any

P O Box, Bldg, Room No, if any

Street

City

State

ZIP Code + 4

14 a Nature of payment

13 b Is the Business an Employer

or Consultant

?

14 b Amount of payment